Preparedness for All

Why Including People With Disabilities in Drills Is a Learning Tool: Interagency Chemical Exercise (I.C.E.)

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Background

In 1997, the New York City Office of Emergency Management incorporated disability issues into what was then the largest terrorism drill scenario for two reasons.

- First, the inclusion of victims with disabilities (VwD) acted as a "curve ball" and presented responders with another element to test their reactions against.
- Second, the inclusion enabled the collection of valuable information about responders' reactions to people with disabilities and tested certain theories about needed service components.

The scenario was a midday political rally downtown, and multiple perpetrators sprayed an unknown aerated agent from backpacks into the large crowd at random. Panic and physical repercussions quickly ensued.

Four volunteer victims were selected (two men and two women of different ethnic groups) and briefed away from all other volunteers. One man and one woman were to use wheelchairs throughout the entire drill, and the other two were equipped with dark wrap glasses and white-and-red guide canes. Generalized stereotypes were used, assuming personnel would easily identify the visible disabilities being portrayed. All were instructed not to let other victims know of their additional roles. The four were positioned throughout the crowd at the start, and would stay in character until the end of the drill. All were tagged as ambulatory but contaminated, and thus were to go through the decontamination process.

The VwD were observed during the drill, and a checklist of things to watch for was included in every controller and evaluator package. An exit interview was conducted with the four to record their experiences.

Observation Narrative

All four of the VwD experienced common difficulties from the onset of the exercise. While there were similarities in their treatment by other participants, interestingly, there were also differences in response based on the different disability characteristics. All four victims felt ignored by emergency personnel. All four witnessed responders checking the tags of others and, in two cases, passing right by them and removing dead mannequins while the VwD yelled for help. All four reported that responders *never* assisted them. In fact, an interesting situation occurred over and over again as *other victims* returned to assist and direct VwD when responders passed them by. This was an unexpected and positive finding, but interesting since no one – including the other victims – were aware in advance of the disability issues added to the scenario.

Examples of this go beyond victims leading those in wheelchairs and those who were "blind" out of the area and over to responders, continuing at each successive step of the process. This happened to each of the four, but it is important to note that they went through the drill process individually and not clustered together, and therefore the experience they commonly describe is systemic of responders' overall awareness of disability issues rather than just a sole responder's attitude.

After moving through decon, each of the VwD were left in the middle of the street. At one point, a responder put the two "blind" victims together, but they were left unattended thereafter. They were later instructed by response personnel to "stand by the wall." Again, another victim overhearing

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this went to the victims who were blind and escorted them to the wall, narrating what was happening. Eventually, as all the victims were directed down the block to the Red Cross Reception Center, other victims again led the "blind" victims to the center with the rest of the group. In fact, other victims stayed with the two through the registration until they could be passed off to Red Cross personnel.

Of the four VwD, one woman in a wheelchair was the first to finish decon and questioning, and then proceed to the reception center. She too was left unattended and without instruction. She waited on the sidewalk until she saw other victims being directed to the end of the block. She wheeled herself down the block to the flight of stairs at the reception center location. As two responders passed her, she said she was cold and needed to get upstairs. She was told that "for the purposes of this drill, consider yourself dead or at the hospital because we don't have time for you."

Disability Specific Findings

- **Decon**. All four VwD reported that even in the simulated decon, no one ever deconned the wheelchairs, canes or glasses. This represents a *huge defect* in a real situation, because the VwD would have been released back into the general population still contaminated. The solution is to either transfer the VwD into a clean evacuation chair or other wheelchair and remove the original, or to decon the wheelchair along with the victim. For those who are blind, either decon the auxiliary aids and return them or assign personnel as guides to stay with the victims for the remainder of the process. These solutions are the same for any other auxiliary aids people might be using, with the exception of service animals (e.g. guide dogs) where a very different emergency policy may have to be put in place to either contain possible contamination or address an animal displaying fear and confusion.
- **Medical/Triage**. Two of the VwD got through the whole exercise without being given the simulated *Mark I* auto-injections. One VwD identified himself as paralyzed from the waist down, and the responders said "okay" and moved on to the next victim in line and injected her. A third VwD reported that she only got the shots when she later identified that she had not received them.
- **Identification**. There was no continuity to the response to the VwD as they moved from one step of the process to the next. The fact that there was no identification of the disabilities produced delayed care and confusion for both the VwD and the responders in general. The solution would be an identification mechanism or tagging system so that each responder involved could be aware as the VwD moved from point to point.
- **Mobility**. All victims had difficulty walking in the tyvek suits, but this was especially the case for the victims who were blind. The solution may be to quickly duct-tape ankles after exiting the decon tent to temporarily secure the suits around the feet.
- **Communication**. Although deaf or hard of hearing persons weren't included, by application the experiences of foreign language speaking victims can be applied to the VwD population as well. Effective communication in languages other than English was delayed and somewhat problematic. The same difficulty would be created if a sign language interpreter was needed. The solution is to recognize the need and establish a protocol to get such services on the scene as quickly as possible, and in their absence to use effective communication tools (*e.g.* picture boards).

Solutions

While some issues require complex and well-designed solutions, it is often the case that simple solutions that are easy to integrate into response protocol actually are achievable. Examples of such solutions can be drawn from the listed findings in this case.

Conclusion

The fact that difficulties and deficiencies became evident when disability issues were injected into such a complex and significant exercise only means that solutions can be addressed so those same deficiencies, over time, will be resolved. During I.C.E., the disabilities represented were not indicative of a comprehensive and all-inclusive list. Every disability presents slightly different issues, so it is clear the most effective planning can be done by including people with disabilities from your own community, testing the responses honestly during drills, and adjusting future protocol accordingly.

Statistically, one fifth of the population in the United States today has some form of a disability. Some disabilities are outwardly recognizable, and others are hidden – but each may have an impact on response to a victim in an emergency. It is inappropriate to assume that disability issues will either not present themselves at the response level or that they are only of concern at the recovery level. It is also a failed assumption that disability issues need not be tested or are not a primary objective. This I.C.E. drill clearly evidenced that appropriate attention to detail results in saving not only the lives of those impacted but also the responders as well.

The inclusion of disability issues in exercises will result in a higher level of awareness and a conclusion that certain difficulties not ordinarily considered in the re-

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CERT Teams

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property. In a large-scale emergency or disaster, professional responders could be tied up in other locations, and the population in this elderly high rise complex could be on their own for a day or more.

This CERT team would be able to direct self-preservation efforts until professional responders could arrive. Certainly the CERT team could triage its own critical needs and relay those needs to professional responders for priority response. Through the utilization of an "in house" CERT team and the coordination of emergency management – including identification of at-risk residents and the creation of disaster kits – this type of elderly complex could fair well in a large-scale emergency or disaster.

We as emergency management professionals are only as limited as our ability to think outside the box. While this type of Community Emergency Response Team is non-traditional, the goals remain the same, and the benefits to our communities are greater as we encourage our citizens to take partial ownership of their lives and safety while creating a more comprehensive emergency management program.

To further discuss this type of program or share your ideas, feel free to e-mail the author at: **bbovyn@ci.manchester.nh.us**.

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sponse stage of an emergency must be identified as a result of recorded outcomes. With the threat of terrorism, responders are confronted with challenges that go far beyond the normal expected public safety realm, in order for them to prepare properly for the needs of all.

Addressing these issues must become a routine part of disaster planning. It is a credit to the forward thinking of NYC OEM that these issues were exercised during I.C.E., for it is only through training, exercise and general awareness that we will truly achieve preparedness for all.

Final Statement

At the conclusion of the interviews with the volunteer VwD, one added: "I feel that I had the best assignment of all at this exercise. I can't believe how poorly I was treated by people from my own agency. I will never treat a person with a disability that way at any situation I am sent to from now on!"

Deaf Community

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CERT Training For Deaf

The following year, our county began teaching the Community Emergency Response Team course for residents in our county. I approached Dr. Carl Amos of the community college and presented to him my vision of providing this training to residents in the deaf community. His enthusiasm once again inspired me.

We contacted the deaf residents again and told them about the course. On the first night of the class, I recognized the woman who had approached me at the workshop almost two years before. I hired professional sign language interpreters. We solicited funding from the Lions Club, and once again they assisted in this endeavor.

After eight weeks of training, the same deaf resident approached me after graduation and thanked me for providing her with CERT training.

The Community Emergency Response Team program provides individuals in all walks of life with vital disaster preparedness information. I would encourage anyone to take the course, if only for the sake of their families.

Future Plans

I am hoping to secure funds to provide additional training for the deaf community. CPR, first aid and shelter training are just a few classes that would improve preparedness. To date, we have trained more than 150 residents in CERT, of which seven are deaf. For a complete slideshow of our April 2004 class, visit **www.pittgov.org/cert/Cert_Exercise_and_Graduation_Apr04/default.htm**. In many of the pictures you will notice the deaf CERT members communicating with sign language.

Jackson Sworn In as Deputy DHS Secretary

The U.S. Senate confirmed Michael P. Jackson as Deputy Secretary of the Dept. of Homeland Security. He was officially sworn in by DHS Secretary Michael Chertoff. Jackson previously served as CEO of AECOM Technology Corporation, Government Services Group, in Fairfax, Va. From 2001 to 2003, he served as Deputy Secretary of Transportation at the Dept. of Transportation. Earlier in his career, Jackson held several positions at Lockheed Martin IMS, Transportation Systems and Services, including Vice President and General Manager of Business Development and Chief Operating Officer. Jackson received his bachelor's degree from the University of Houston and his Ph.D. from Georgetown University in Washington, D.C.